

NO. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

§ IN THE DISTRICT COURT  
§  
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§  
§ 387TH JUDICIAL DISTRICT  
§  
§  
§ FORT BEND COUNTY, TEXAS  
§

**FINANCIAL INFORMATION STATEMENT  
TEMPORARY ORDERS/FINAL ORDERS (circle one)**

This statement is submitted by \_\_\_\_\_.

1. Date of marriage:\_\_\_\_\_ Date of separation:\_\_\_\_\_

2. Children of parties (if applicable) names and ages:  
\_\_\_\_\_

3. Gross earnings from primary employment per month \$\_\_\_\_\_

Self Employed (Yes/No) \_\_\_\_\_

Withholding \$\_\_\_\_\_

FICA \$\_\_\_\_\_

Mandatory Retirement \$\_\_\_\_\_

Voluntary Retirement \$\_\_\_\_\_

Deferred Compensation \$\_\_\_\_\_

Life Insurance \$\_\_\_\_\_

Credit Union Savings \$\_\_\_\_\_

Health Insurance \$\_\_\_\_\_

Other \$\_\_\_\_\_

Total deductions \$ \_\_\_\_\_

**Client's net income from primary employment per month** \$ \_\_\_\_\_

Client's average income from other sources per month \$ \_\_\_\_\_

Other Income (*itemized below*) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT'S TOTAL NET INCOME PER MONTH** \$ \_\_\_\_\_

(Please attach applicable 1040s, W-2s or most recent pay stub.)

5. Funds and assets readily convertible into cash in control of Client:

Accounts in financial institutions \$ \_\_\_\_\_  
(banks, savings and loans, credit unions, certificates of deposit)

Stocks and bonds \$ \_\_\_\_\_

6. **NECESSARY MONTHLY LIVING EXPENSES:**

a. House mortgage payment or rent \$ \_\_\_\_\_  
(*include second mortgage, insurance, taxes, condominium assessments if included with mortgage payment*)

b. Real Property Taxes (*if not included with mortgage payment*) \$ \_\_\_\_\_

c. Renters Ins. Or Fire Insurance \$ \_\_\_\_\_

d. Maintenance of residence (repairs, yard work, etc.) \$ \_\_\_\_\_

e. Utilities – (gas, water, electric, garbage, sewer, etc) \$ \_\_\_\_\_

f. Telephone \$ \_\_\_\_\_

g. Groceries \$ \_\_\_\_\_

h. Dining out \$ \_\_\_\_\_

- i. School Lunches \$ \_\_\_\_\_
- j. Uninsured doctor expenses \$ \_\_\_\_\_
- k. Uninsured prescription and pharmaceutical expenses \$ \_\_\_\_\_
- l. Uninsured routine dental care \$ \_\_\_\_\_
- m. Uninsured orthodontic care \$ \_\_\_\_\_
- n. Health and Hospitalization insurance \$ \_\_\_\_\_  
(if not paid by employer or deducted from wages)
- o. Life Insurance (if not paid by employer or deducted from wages) \$ \_\_\_\_\_
- p. Clothing Purchases \$ \_\_\_\_\_
- q. Laundry and/or Dry Cleaning \$ \_\_\_\_\_
- r. Car payments \$ \_\_\_\_\_
- s. Car insurance \$ \_\_\_\_\_
- t. Gasoline \$ \_\_\_\_\_
- u. Parking, Bus Fares, Tolls \$ \_\_\_\_\_
- v. Car Repair and Maintenance \$ \_\_\_\_\_
- w. School Tuition \$ \_\_\_\_\_
- x. School Supplies \$ \_\_\_\_\_
- y. Children's Extracurricular Activities \$ \_\_\_\_\_
- z. Childcare (*while at work*) \$ \_\_\_\_\_
- aa. Childcare (*at other times*) \$ \_\_\_\_\_
- ab. Entertainment \$ \_\_\_\_\_
- ac. Hairstyling, barber \$ \_\_\_\_\_
- ad. Donations – (*regular/monthly*) \$ \_\_\_\_\_
- ae. Dues \$ \_\_\_\_\_

af. Subscriptions \$ \_\_\_\_\_

ag. Prior Obligations for Child Support or Spousal Maintenance \$ \_\_\_\_\_

ah. Attorney's fees (*if paid monthly*) \$ \_\_\_\_\_

7. Debts (exclude all items listed above:

<u>Creditor</u>	<u>Balance of Debt</u>	<u>Minimum Monthly Payment</u>

**TOTAL MONTHLY PAYMENTS TO CREDITORS** \$ \_\_\_\_\_  
(Number 7 itemized above)

**GRAND TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**NET INCOME** \$ \_\_\_\_\_  
(*After Deducting All Monthly Payments*)

SIGNED on \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF CLIENT